

**COMMONWEALTH OF MASSACHUSETTS**

Division of Apprentice Training
P.O. Box 146759
19 Staniford Street, 1st Floor
Boston, MA 02114

Program Sponsor:**Trade:****School Attended:****REQUEST FOR CERTIFICATE OF COMPLETION OF APPRENTICESHIP**

Apprentice Name (to appear on Certificate)	Compliance with Related Instruction Requirement?	Completion date (month/day/year) to appear on Certificate	Comments

INSTRUCTIONS

1.....Type or print legibly.

2.....Supply complete information. Incomplete requests cannot be processed and will be returned.

3.....If during the term of apprenticeship the program sponsor re-evaluated the apprentice and decided to upgrade him/her via additional credit, the sponsor must request the extra credit in writing with reasons, before or with the submission of this certificate request.

Mailing Address:**Submitted By:****Date (MM/DD/YYYY)****Compliance Officer****FOR OFFICE USE ONLY****Date****Dispensing Optician Only (THIS SECTION) Date**

To Calligrapher:	To Board of Registration for Signature:	Mailed to Sponsor / Field Rep.
Returned from Calligrapher:	Returned from Board:	Date: